

<p style="text-align: center;"><b>Head and Spinal Cord Injury Waiver Procedures for Self-Directed Attendant Care (UAP Option)</b></p>
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Revised July 2020

**HASCI Waiver Participant Identification**

- A. Waiver Case Manager discusses self-directed care with the participant.  
If a participant is not interested in self-directed care or is unable to direct care, the Waiver Case Manager can discuss the alternative of a designated Responsible Party (RP) to direct the participant's care.
- B. Waiver Case Manager completes a Pre-Screen for Self-Directed Attendant Care using the form version appropriate for a NF Level of Care Participant or an ICF/IID Level of Care Participant.

If the participant does not pass the pre-screening, the Waiver Case Manager will notify the participant that he or she is not appropriate for self-directed care. The alternative of a designated Responsible Party (RP) to direct the participant's care can be discussed.

If an appropriate person to be the RP is identified, the Waiver Case Manager completes a Pre-Screen for Self-Directed Attendant Care using the form version for Responsible Party.

**HASCI Waiver Participant Referral**

- A. If the Waiver participant or designated RP passes the pre-screening, the Waiver Case Manager will make a referral to UAP, also known as the USC School of Medicine, Center for Disability Resources (CDR) Attendant Care Program.

The referral consists of the following:

- Demographic Information for the participant, including name, date of birth, current address, telephone number, and Medicaid number.
- A completed Pre-Screen for Self-Directed Attendant Care form (NF Level of Care Participant, ICF/IID Level of Care Participant, or Responsible Party), listing the name and address of the potential attendant identified by the Participant/RP. A separate prescreen form must be submitted for each potential attendant.
- A completed Personal Care/Attendant Care Assessment form reflecting the participant's current status, and including the participant's diagnosis.

The referral may be faxed to 803-935-5250 or mailed to:

Attendant Care Program  
Center for Disability Resources  
Department of Pediatrics  
USC School of Medicine  
Columbia, SC 29208

For questions, CDR may be reached by phone at 803-935-5297, by fax at 803-935-5250 or by emailing UAP@SCDHHS.gov

### **Initial Phone Contact**

- A. The referral is received and reviewed by the UAP RN. If clarification is needed, the UAP RN will contact the Waiver Case Manager.

The UAP RN will make an initial phone contact with the Waiver Participant or RP within 14 calendar days. This phone contact will include discussion of the attendant care service and how it works. The UAP RN will also evaluate the Waiver Participant's/RP's understanding of the Personal Care/Attendant Care Assessment and their ability to direct/supervise the attendant. Included in this discussion are the number of hours the Waiver Participant/RP is expected to have with the Attendant Care Service and how they anticipate using these hours. Also included will be discussion on the following:

1. Attendant responsibilities and duties
2. Infection control practices
3. Back-up plan
4. Advance Directives
5. Safety checklists
6. Recruitment and interviewing of attendants
7. Importance and how to do reference checks
8. Enrollment requirements for attendants
9. Employer of Record Responsibilities
10. Enrollment with the fiscal agent, Jasper County Board of Disabilities
11. Attendant billing/Direct Deposit
12. Conflict resolution
13. How to handle termination of an attendant

If requested by the Waiver Case Manager or if during initial phone contact, the UAP RN feels Waiver Participant/RP needs a face-to-face visit, an appointment for a home visit will be made. The Waiver Case Manager may come to the visit if he/she prefers. The Waiver Case Manager may request an initial home visit on the initial referral or by email or phone.

B. After receiving the referral, UAP mails a packet of information to the Waiver participant or RP. The following items are included in the packet and discussed by phone with the Waiver Participant/RP during the Initial Phone Contact:

1. Red Cross Emergency Checklist for people with mobility problems
2. Advanced Directives brochure
3. Hiring and Managing Personal Care Assistants booklet developed by Vocational Rehabilitation
4. Plan of Care Agreement
5. Brochure from SC Legal Services

### **Certification and Match Visit**

- A. After the identified/chosen attendant meets the requirements to enroll as an SCDDSN provider, the UAP RN will schedule a match visit within 14 calendar days of the attendant's enrollment as a DDSN provider. During the certification and match visit, the UAP RN will review information discussed during the initial phone contact. The UAP RN will also observe the actual performance of care by the attendant, even if the attendant was observed with another Waiver Participant. The Personal Care/Attendant Care Assessment will be reviewed with the attendant and the Waiver Participant/RP.
- B. Duties **not** allowed under the Attendant Care Service will be discussed. The duties **not** allowed include: medication administration, and skilled nursing care. Attendant responsibilities will also be reviewed along with a check off on vital signs for individuals who have the needed equipment (instruction will be provided as needed). The back-up plan is listed on paper and signed by the Waiver Participant/RP. The health care rights of the Waiver Participant/RP are discussed and documented.

- C. Being an employer of record will be discussed with the Waiver Participant/RP. A W-4 will be completed by the attendant DDSN provider/employee. Both the Waiver Participant/RP/employer and the attendant/DDSN provider/employee will complete an I-9. The I-9, photocopies of the employee's IDs and the W-4 along with a copy of the Attendant responsibilities form and the Liability form will be faxed to the fiscal agent, the Jasper County Board of Disabilities or given to the Waiver Case Manager, if present at the match visit, to fax to the Jasper Disabilities and Special Needs Board. Instruction on the billing process is explained to the attendant and reviewed with the Waiver Participant.
- D. Conflict resolution is reviewed. Both Waiver Participant/RP and attendant are instructed to give two weeks' notice before termination of services unless personal safety is an issue. Annual requirements of attendant are also discussed. The Waiver Participant/RP and attendant will both sign a Liability Statement after the UAP RN discusses and reviews the form. Under South Carolina Law employers who have 4 or more employees are required to have a Workman's Compensation Insurance Policy. **For this reason no Waiver participant/RP/employer may have more than 3 employees authorized without having proof of a Workman's Compensation Insurance Policy.**
- E. Attendants who serve HASCI Waiver participants will be required to receive and maintain certification in Basic First Aid. The attendant must become certified in Basic First Aid prior to enrollment as an SCDDSN provider and must receive re-certification every 3 years or whatever renewal timeframe is specified by the First Aid Course. The attendant will be oriented by the Waiver participant/RP and UAP RN to the habits, preferences and interests of the Waiver participant both in the Waiver participant's home and in the community prior to assuming responsibility for attendant care services.

UAP RN may also identify training needs and assist the attendant with locating training and resources for access to the training. Additionally, Waiver participant-specific training may be provided as deemed necessary based on the professional judgment of the UAP RN or when the Waiver participant/RP or attendant requests assistance with training.

- F. Upon completion of the match visit, the UAP RN will fax, email or mail to the Waiver Case Manager within 7 days, a written certification for self-directed care or responsible party directed care, naming the attendant who will provide care as supervised by the Waiver Participant/RP. The fiscal agent will notify the Waiver Case Manager when the Employer Identification Number (EIN) has been approved and authorization can be issued.

### **Service Authorization**

The unit of service is 15 minutes. Service will be authorized by the Waiver Case Manager using an electronic authorization. The number of units authorized is based on the Waiver Participant's needs as approved on his/her plan. **The service authorization is made out to the Fiscal Agent, not to UAP. The name(s) of the approved attendant(s) must be listed in the comments section of the authorization.**

The number of units authorized will be the total number of approved units of self-directed attendant care for the Participant, to be shared between all self-directed attendants. The Participant and attendant are responsible for negotiating the times of service.

Up to three attendants may be employed to share the authorized service units (hours). No single attendant may work more than 40 hours per week. The participant or Responsible Party must schedule work time of the attendant(s) to ensure maximum authorized service units (hours) are not exceeded and no attendant works more than 40 hours per week. The Waiver Participant and attendant are instructed that billing for hours over the number of hours authorized will result in non-payment.

The Waiver Case Manager must complete a new service authorization form(s) if there is a change in the number of units of service to be provided to the Waiver participant. The Waiver Case Manager must forward copies of all service authorizations to the Waiver Participant, and UAP.

### **Follow Up Visits**

Problem resolution visits are made at the request of the Waiver participant/RP, attendant, or Waiver Case Manager or if the UAP RN determines there is a need. Representatives of as many disciplines as needed will be invited to meet to resolve any problems.

### **On-going Responsibilities of Waiver Case Manager**

- A. Waiver Case Manager will review the provision of attendant care according to HASCI Waiver monitorship requirements.
- B. If the Waiver participant/RP is suspected of not being capable of supervision, the Waiver Case Manager will inform UAP. UAP will review this within 14 calendar days of the referral from the Waiver Case Manager. Other disciplines can be involved as needed for successful resolution.
- C. Waiver Case Manager will mail a copy of any Personal Care Needs Form revisions and any new service authorization forms to the the Waiver Participant, and to UAP.
- D. Waiver Case Manager will notify UAP of any changes in Waiver participant's condition or his/her situation that may impact the attendant care service

### **Attendant**

#### **A. Referral**

A potential attendant may be referred at any time by sending UAP a prescreen with his/her name, phone number, and/or address. The above information must be submitted one of the ways listed below:

- 1. Mailed to the following address:  
Attendant Care Program  
Department of Pediatrics  
Center for Disability Resources  
USC School of Medicine  
Columbia, SC 29208
- 2. Faxed to 803-935-5250, or
- 3. Emailed to [uap@scdhhs.gov](mailto:uap@scdhhs.gov)

If you have questions; please contact UAP at 803-935-5297

Potential attendants who are referred to the UAP will be sent an attendant information letter, FIRST AID Agreement, Payment Agreement, and an Attendant Responsibilities Sheet.

### **Enrollment**

Individual DDSN providers i.e., attendants, must meet the following minimum qualifications:

- a. Demonstrate an ability to read, write and communicate effectively with the Participant/RP.

- b. Be fully ambulatory;
- c. Capable of aiding in the activities of daily living; physically capable of performing duties which may require physical exertion such as lifting, transferring, etc. if necessary;
- d. Capable of following the personal care needs form with Waiver participant and/or responsible party supervision;
- e. Be at least 18 years of age;
- f. Capable of following billing procedures and completing required paperwork.
- g. No known conviction for abuse, neglect, or exploitation of adults (as defined in the Omnibus Adult Protection Act, S.C. Code Ann. Title 43, Chapter 35) or of children (as defined in the Children's Code, S.C. Code Ann. Title 20, Chapter 7);
- h. No conviction for any crime against another person;
- i. No felony conviction of any kind
- j. No conviction of any kind concerning the misuse or abuse of any public assistance program (including, but not limited to, fraudulently obtaining benefits, engaging in fraudulent billing practices, and embezzling or otherwise misusing public assistance funds in any manner);
- k. No record of exclusion or suspension from the Medicare or Medicaid Programs.
- l. Attendants serving HASCI Waiver participants must be certified in Basic First Aid during the first year of providing attendant care. Basic First Aid re-certification must be completed every 3 years or whatever timeframe is specified by the First Aid Course.
- m. Provide references to the Waiver participant.
- n. All attendants shall have a PPD tuberculin (TB) skin test, which is not over a year old, unless a previously positive reaction can be documented. The two-step procedure is advisable for initial testing in order to establish a reliable baseline.

**Note:** If the reaction to the first test is classified as negative, a second test should be given a week later. If the second test is classified as negative, the person is considered as being uninfected. A positive reaction to a third test (with an increase of more than 10mm) in such a person within the next few years, is likely to represent the occurrence of infection with M. Tuberculosis in the interval. If the reaction to the second of the initial two tests is positive, this probably represents a boosted reaction, and the person should be considered as being infected.

Attendants with reactions of 10 mm and over to the pre-employment tuberculin test, those with newly converted skin tests, and those with symptoms suggestive of tuberculosis (e.g., cough, weight loss, night sweats, fever, etc.) regardless of skin test status, shall be given a chest radiograph to determine whether tuberculosis disease is present.

If tuberculosis is diagnosed, appropriate treatment should be given, and the person must not be allowed to work until declared non-contagious by a licensed physician.

Routine chest radiographs are not required on attendants who are asymptomatic with negative tuberculin skin tests.

New attendants who have a history of tuberculosis disease shall be required to have a certification by a licensed physician or local health department TB staff (prior to enrollment as a Medicaid provider and annually) that they are not contagious. Regular attendants who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician or local health department TB staff, and must not return to work until they have been declared non-contagious.

Preventive treatment should be considered for all infected attendants having direct Waiver participant contact who are skin test positive but show no symptoms of tuberculosis. Routine annual chest radiographs are not a substitute for preventive treatment. Attendants who complete treatment, either for disease or infection, may be exempt from further routine radiographic screening, unless they develop symptoms of tuberculosis. Attendants who do not complete adequate preventive therapy should have an annual assessment for symptoms of tuberculosis.

Post exposure skin tests should be obtained by tuberculin negative attendants within twelve (12) weeks after termination of contact to a documented case of infection.

Attendants needing additional information should contact the Tuberculosis Control Branch, Department of Health and Environmental Control, 2600 Bull Street, Columbia, S.C. 29201 (phone (803) 898-0558).

After these requirements are met; the attendant will be submitted to SCDDSN (HASCI Division) to become enrolled as SCDDSN provider. Waiver Case Managers will give updated provider lists to Waiver participants during home visits or as requested. UAP will also send provider lists as requested by the Waiver participant/RP or the Waiver Case Manager.

### **Annual Requirements**

1. Forty-five (45) days prior to the attendant's enrollment month/date, UAP RN will notify active enrolled attendants of the annual requirement of submitting his/her TB test results.
2. To maintain enrollment, attendants must maintain CNA status and must be in good standing with the Nurse Aide registry if applicable.

3. Attendants with negative tuberculin skin tests shall have an annual tuberculin skin test and submit test results to the UAP. Attendants with a history of a positive TB skin test must submit to an annual assessment for symptoms of TB by UAP RN. If an updated chest x-ray is done; attendant is to provide a copy of the results to the UAP.
4. Attendants must also continue to meet standards which include but are not limited, to criminal records. Attendants must update First Aid. Attendants will be notified in writing of the need to renew their First Aid certification prior to the First Aid expiring.

### **Suspension**

1. If the attendant has not submitted the required information by the expiration date, UAP RN will notify the Waiver Case Manager. A Service Suspension will be requested if the attendant is authorized and providing services at the time of noncompliance.
2. Once annual requirements are met; the attendant will be submitted to the Waiver Case Manager, to be taken off suspension and placed on the active provider list.

### **Termination**

1. If an attendant requests in writing to terminate a provider, UAP will notify the Waiver Case Manager to terminate.
2. If an attendant moves outside the 25-mile border of South Carolina as documented by forwarding address on returned mail; the attendant will be submitted for termination by the UAP to the Waiver Case Manager.